



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)



CONFIRMATION NO. 7506

Bib Data Sheet

SERIAL NUMBER 10/633,162	FILING OR 371(c) DATE 07/30/2003 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. 579510-630-001
-----------------------------	--	--------------	------------------------	---------------------------------------

**APPLICANTS**

Keisuke Wakabayashi, Saitama-shi, JAPAN;  
 Tatsuhiko Seki, Honjo-shi, JAPAN;  
 Kazuo Matsubara, Bunkyo-ku, JAPAN;

*OK mslh.***\*\* CONTINUING DATA \*\*\*\*\****none mslh.***\*\* FOREIGN APPLICATIONS \*\*\*\*\***

JAPAN 2002-235767 08/13/2002 *OK.mslh.*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 10/29/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 6	TOTAL CLAIMS <i>X3</i>	INDEPENDENT CLAIMS <i>X2</i>
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Murphy. mslh.</i>	Examiner's Signature <i>Murphy. mslh.</i>	Initials		

**ADDRESS**  
000028104**TITLE**

Syringe pump

FILING FEE RECEIVED 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
----------------------------	---	---